

# STD SCREENING GUIDELINES

Washington State Clinical Laboratory Advisory Council  
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## Who should be screened?

### Asymptomatic Screening

#### Women

- *Chlamydia trachomatis*<sup>a\*</sup>
- *Neisseria gonorrhoeae*<sup>b</sup> (if under age 25 or multiple sex partners)
- Cervical cancer<sup>c</sup> (Pap smear)

#### Pregnant women

- See back

#### Men Who Have Sex with Men

- Syphilis<sup>d</sup> (*Treponema pallidum*)
- Human Immunodeficiency Virus (HIV)<sup>e\*</sup>
- *C. trachomatis* urethral and/or rectal infection (see Chlamydia Screening

#### Guideline

- for test method by specimen type)
- *N. gonorrhoeae* urethral, rectal and/or pharyngeal infection
- Hepatitis A<sup>f</sup> and B<sup>g\*</sup> (if immune status is unknown)

### Symptomatic Testing (listed by symptom and organism/syndrome to consider testing for)

#### Urethritis/Cervicitis

- *C. trachomatis*<sup>\*</sup>
- *N. gonorrhoeae*
- Less frequent causes of urethritis:  
*Trichomonas vaginalis*<sup>h</sup>, herpes simplex virus<sup>i</sup> (HSV)

#### Genital Ulcers/Inguinal Lymphadenopathy

- Syphilis (*T. pallidum*)
- HSV
- Chancroid<sup>j</sup> (*Haemophilus ducreyi*) (rare<sup>†</sup>)
- Lymphogranuloma venereum<sup>k</sup> (*C. trachomatis* LGV serovars L1, L2 & L3) (rare<sup>†</sup>)
- Granuloma Inguinale<sup>l</sup> (Donovanosis) (rare<sup>†</sup>)

#### Vaginal Infection

- Trichomoniasis (*T. vaginalis*)
- Candidiasis (*Candida albicans*)<sup>m</sup>
- Bacterial vaginosis<sup>n</sup>

#### Genital Warts

- Human papillomavirus (HPV)<sup>o</sup>

#### HIV Disease (see HIV screening guidelines for tests)

#### Pelvic Inflammatory Disease

- *N. gonorrhoeae*
- *C. trachomatis*<sup>\*</sup>

#### Epididymitis

- *N. gonorrhoeae*
- *C. trachomatis*<sup>\*</sup>
- Enteric bacteria<sup>p</sup>

#### Proctitis/Proctocolitis/Enteritis

- *N. gonorrhoeae*
- *C. trachomatis*
- HSV
- Syphilis (*T. pallidum*)
- Enteric pathogens<sup>q</sup> - patients with HIV may require additional tests

#### Liver Disease/Syndrome

(see hepatitis screening and testing guidelines)

#### Ectoparasitic Infections

- Pediculosis pubis<sup>r</sup> (*Phthirus pubis*, pubic louse, "crabs")
- Scabies (*Sarcoptes scabiei*)

\* See screening guidelines for this condition

† Consider consultation with infectious disease or STD expert

<sup>a</sup> *Chlamydia trachomatis* - nucleic acid amplification test (NAAT), nucleic acid hybridization, culture or antigen test (e.g., EIA, DFA)

<sup>b</sup> *Neisseria gonorrhoeae* - culture, nucleic acid amplification test (NAAT), or nucleic acid hybridization

<sup>c</sup> Cervical cancer - Pap test/Pap +HPV test

<sup>d</sup> Syphilis - nontreponemal antibody screening test (RPR or VDRL) with treponemal confirmatory test (TP-PA or MHA-TP), darkfield

<sup>e</sup> HIV - HIV antibody screening test with confirmatory test

<sup>f</sup> Hepatitis A - anti-HAV IgG

<sup>g</sup> Hepatitis B - hepatitis B surface antigen, core antibody, anti-HBs

<sup>h</sup> *Trichomonas vaginalis* - wet mount, culture, DNA hybridization assay

<sup>i</sup> Herpes simplex virus - culture, non-rapid antigen detection test, Western blot

<sup>j</sup> Chancroid - culture

<sup>k</sup> Lymphogranuloma venereum - nucleic acid amplification, culture or complement fixation

<sup>l</sup> Granuloma inguinale - Giemsa or Wright stain

<sup>m</sup> Candidiasis - KOH preparation, wet mount, Gram stain, DNA hybridization, culture

<sup>n</sup> Bacterial vaginosis - at least three criteria present (homogenous discharge, pH>4.5, positive amine odor test, presence of clue cells - > 20% of epithelial cells)

<sup>o</sup> Human papillomavirus - clinical diagnosis, biopsy

<sup>p</sup> Enteric bacteria - urine culture

<sup>q</sup> Enteric pathogens - stool culture and ova and parasites examination, Giardia antigen

<sup>r</sup> *Phthirus pubis* - presence of lice or nits (eggs) in pubic hair

<sup>s</sup> Scabies - presence of mites, eggs or feces in mineral oil preparation of skin scrapings

### REFERENCE:

Centers for Disease Control and Prevention  
Sexually Transmitted Diseases Treatment Guidelines  
MMWR May 10, 2002; 51 (No. RR-6)

### FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

## Clinical Prevention Guidelines

The prevention and control of STDs is based on the following five major concepts: a) education and counseling of persons at risk on ways to adopt safer sexual behavior; b) identification of asymptotically infected persons and of symptomatic persons unlikely to seek diagnostic and treatment services; c) effective diagnosis and treatment of infected persons; d) evaluation, treatment and counseling of sex partners of persons who are infected with an STD; and e) pre-exposure vaccination of persons at risk for vaccine-preventable STDs.

**Clinical Considerations :** For persons requesting health services for evaluation of an STD, appropriate care consists of the following components (the temporal order of the interventions may vary, depending on the specific case and diagnosis):

- History
- Medical and behavioral risk assessment (Whenever feasible, all sex partners of persons diagnosed with an STD should be tested and/or treated for the condition and other STDs according to risk. In some circumstances, however, partners may need to be treated even if they cannot or will not be examined.)
- Physical examination
- Laboratory investigations
- Diagnosis
- Therapy to cure infection or reduce symptoms
- Counseling and education: Present episode of STD and prevention of future episodes
- Reporting of case when required
- Sex partner identification, notification, evaluation and treatment
- Clinical follow-up when appropriate

### Recommended sequence of specimen collection

#### *Females*

- First void urine (FVU) specimen for Chlamydia trachomatis (CT) and/or Neisseria gonorrhoeae (GC) (if urine tests are being used)
- Vaginal secretions: pH, saline/KOH microscopy, test for amines with KOH (whiff test)
- Endocervical swab for culture or other test for gonorrhea (Urine specimen tested by nucleic acid amplification test (NAAT - see reverse for examples) recommended if cervix absent. Urethral swab also acceptable.)
- Endocervical swab for nucleic acid amplification or other test for chlamydial infection
- Pap smear (defer if menstruating)

#### *Males*

- Urethral swab for Gram stain and gonorrhea or GC/Chlamydia combined test
- Swab or urine for Chlamydia (if not using combined test)
- If a NAAT for both GC and CT is being used on a urine specimen, no swab is necessary. Otherwise the order should be GC swab; then swab or urine specimen for CT.

#### *Special Populations: Pregnant Women*

The following tests should be performed at the first prenatal visit, with additional testing as indicated.

- Voluntary HIV testing. Retesting in the third trimester (preferably before 36 weeks' gestation) is recommended for women at high risk for acquiring HIV infection.
- A serologic test for syphilis at the time of first examination
- A serologic test for hepatitis B surface antigen (HBsAg) should be performed on all women at the first prenatal visit and repeated late in pregnancy for women at high risk of hepatitis B infection.
- Chlamydia trachomatis. Repeat during the third trimester for women aged <25 years and women with a new, or more than one sex partner.
- Neisseria gonorrhoeae for women at risk. Repeat during third trimester if risk continues.
- A test for hepatitis C antibodies (anti-HCV) for women with a history of injection drug use, repeated exposure to blood products, prior blood transfusion or organ transplants.
- A Papanicolaou (Pap) smear

For specific recommendations in cases of sexual assault or child abuse, see "Sexual Assault and STDs," Sexually Transmitted Diseases Treatment Guidelines, MMWR May 10, 2002; 51 (No. RR-6): 69-70.

